

Name
in
Full

Notle Alexander

CERTIFICATE OF DEATH

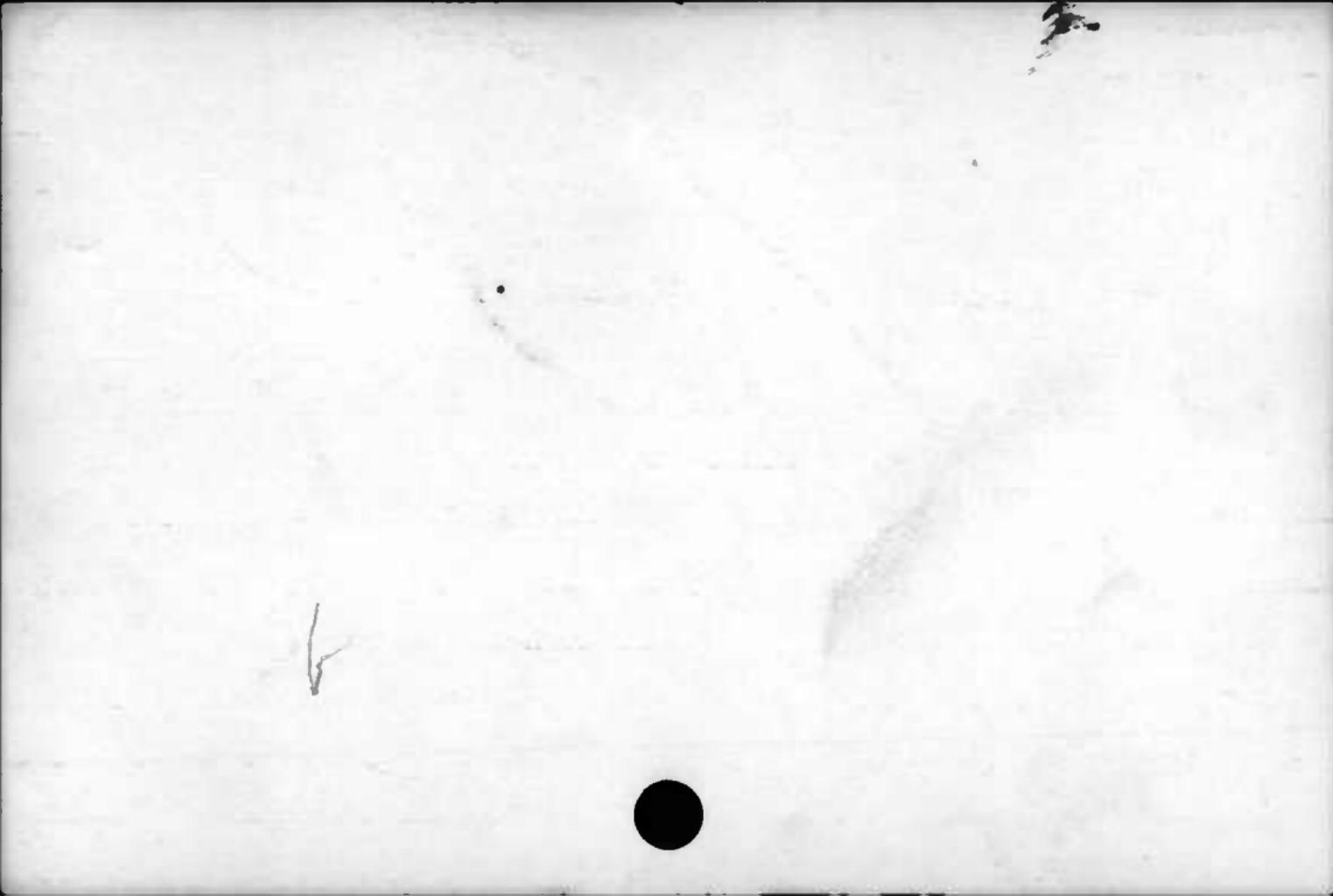
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Goldsboro	Caroline			
Date of death 1902	Month Aug.	Day 3	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	Birth-place
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	George Alexander 105				
Mother's Maiden Name	Clara Riner				
Name of person giving information	George Alexander				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Dufton	How long	5 days.
Immediate	Thantion	How long	
Are the name, age, sex, color, date and place correctly given above?	J. P.	Signature of Physician	A. W. B. Brown
		Address	Goldsboro Iad.
Accident or Suicide?			



Name
in
Full

Selia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation		Birth-place		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	William Brown			Father's Birthplace	MD	
Mother's Maiden Name	Margaret Brown			Mother's Birthplace	MD	
Name of person giving information	James Cooper.			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Confinement	138	How long
Immediate	Onset		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

French George MD.
Aurora MD.

Accident or Suicide?



Willis Elmer Carroll

Died at	Ridgeley	Town	Caroline	County	MARYLAND
Date 1902	Aug. 8	Month	Day	Y. M. D.	Native of
Male	White	Age	- 4-1	Md	Occupation
Female	Colored	Married		Widow	Divorced
		Single		Widower	Number of children living

Husband
of

Wife

Father's
Name Willis Carroll

Mother's
Maiden Name Mary Summers

Cause of
Primary

Teeth

How long sick

6 weeks

Death Immediate

Emaciation Exhaustion

Accident, Suicide, Homicide

Reported by

J.C. Madara

Address

Ridgeley Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Florence Eviline Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Williston</i>	County <i>Caroline</i>	MARYLAND		
Date of death 190	Month <i>August</i>	Day <i>17</i>	Years <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Occupation <i>unemployed</i>	Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>unmarried</i>					
Name of Wife or Husband <i>unwritten</i>					
Father's Name <i>C. C. Christopher</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Eva Coyle</i>				Mother's Birthplace <i>New York</i>	
Name of person giving Information <i>C. C. Christopher</i>				How related to deceased <i>O</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria & Cholera infantum

How long

3 weeks

Immediate

Gangrene of bowels

How long

unwritten

Are the name, age, sex, color, date
and place correctly given above?

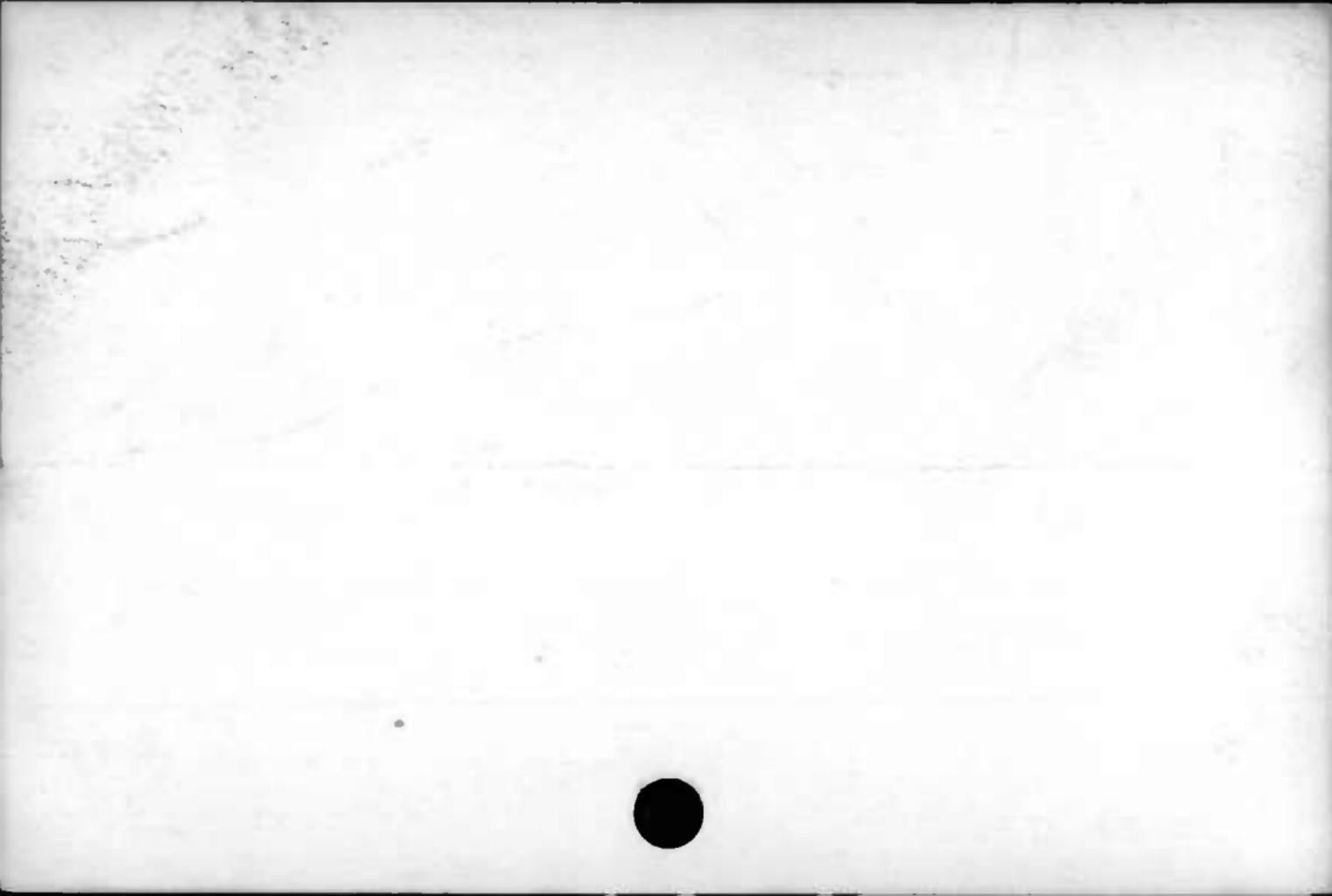
yes

Signature of
Physician

Address

J. D. H. Hadaway
Effecoling Creek
Md.

Accident or Suicide?
unwritten



Ocelia Drankiemcz
Died at Choptank County MARYLAND

Date 1902	Month 8	Day 30	Age 95 -	Y. M. D.	Native of Bohemia	Occupation
					Widow	Divergent
Female	White				Widower	Number of children living 2 +

Husband of .
Wife — Her death was not from any
Father's Name — Contagious nor infectious disease.
Mother's Name

Cause of Death	Primary	Cerebral Hemorrhage, say Paralysis	How long sick
	Immediate		Accident, Suicide, Homicide

Reported by J.R. Phillips M.D.
Address Preston Md.



Name
in
Full

Floyd Flowers

CERTIFICATE OF DEATH

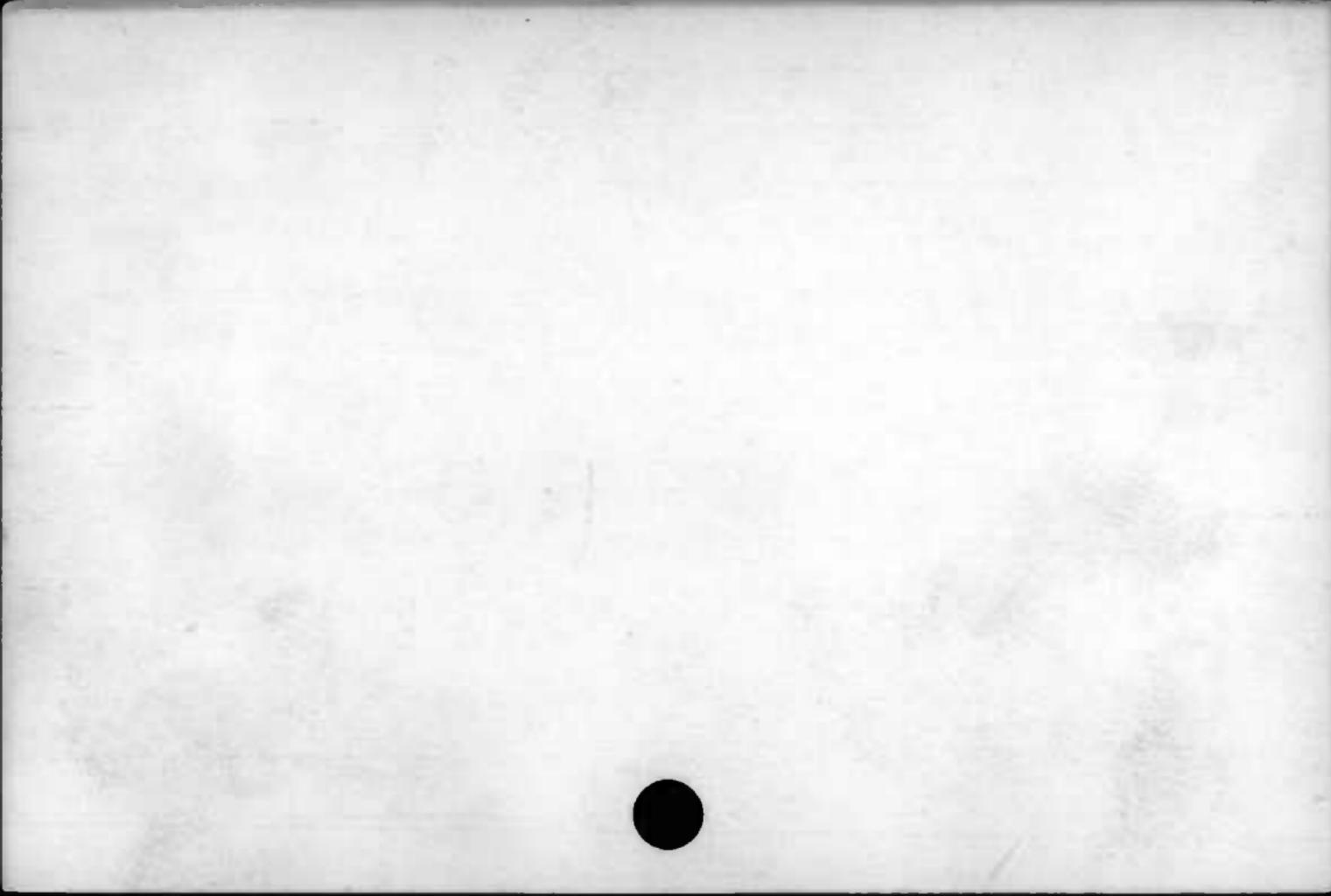
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month 8	Day 24	Age	Years	Months 8	Days 3
Sex	male	Color or Race	white	Birth- place	Dulan	
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name	Frank Flowers			Father's Birthplace	Md	
Mother's Maiden Name	Eunice Richard			Mother's Birthplace	Dl	
Name of person giving Information	Harry Willoughby			How related to deceased	nd	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stomatitis caliginosa		How long 04 7 months
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address	J.P. Knanship Dulan Maryland
Accident or Suicide?			



Name
in
Full

Mary A. Gaubril

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Neat Preston</u>		Town <u>Preston</u>		County <u>Caroline</u>		MARYLAND	
Date of death 1902	Month <u>Aug</u>	Day <u>30</u>	Age <u>74</u>	Years <u>74</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>widow</u>		Birth- place <u>Maryland</u>			
Married or Widowed <u>Widowed</u>							
Name of Husband <u>Darius J. Gaubril</u>							
Father's Name <u>William Todd</u>						Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Douk Kuogr</u>						Mother's Birthplace <u>Maryland</u>	
Name of person giving Information <u>William H. Gaubril</u>						How related to deceased <u>Son</u>	

PHYSIAN
OR CORONER

CAUSES OF DEATH

Primary

Chronic Rheumatism

How long

20 yrs.

Immediate

Cataract of Stomach

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

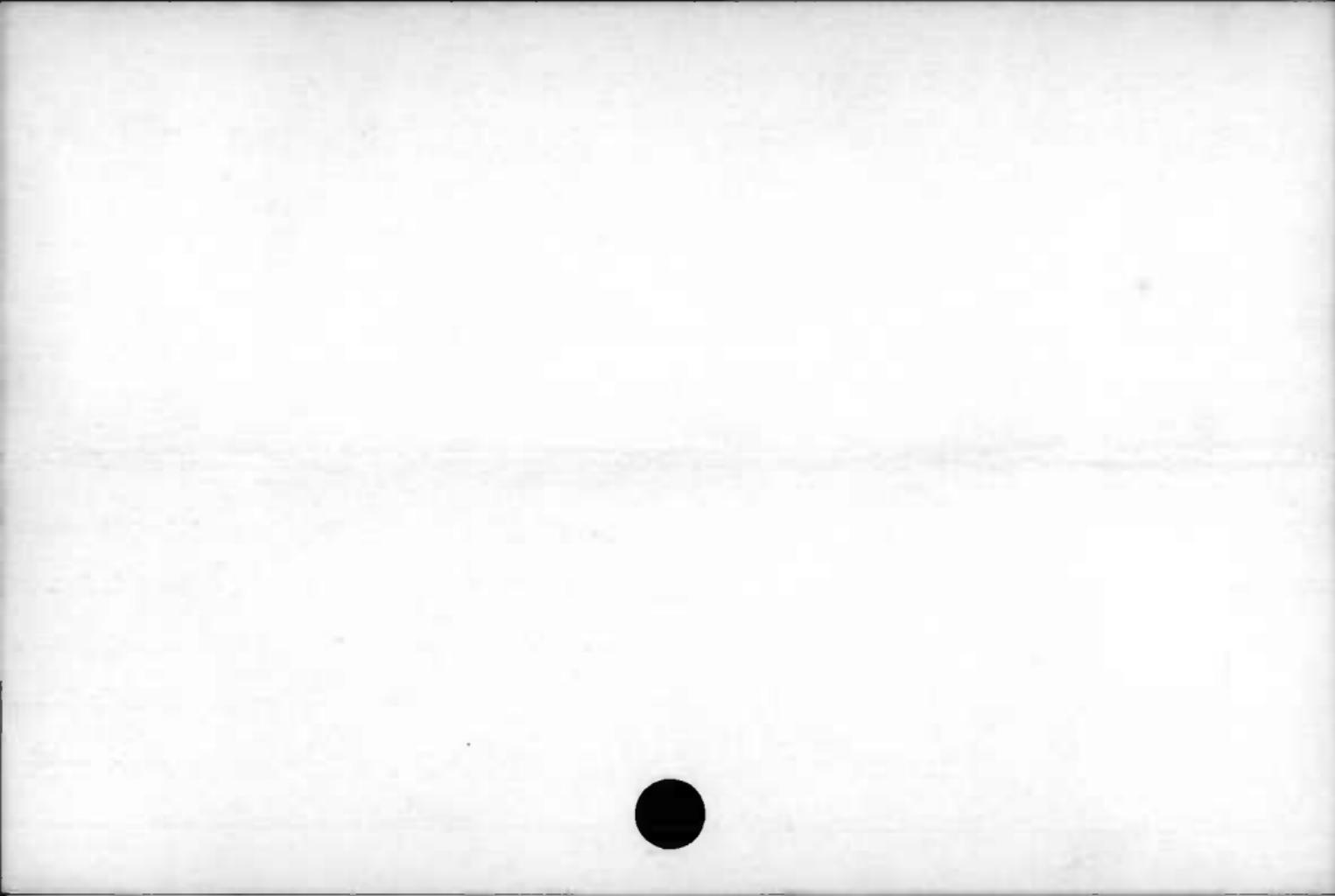
Signature of
Physician

Address

J. Hobel M.D.

Preston
Md

Accident or Suicide?



Name
in
Full

Ruth Stevenson Grabil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Ridgely	Caroline		
Date of death 1902	Month	Years	Months	
	August	26	Age 1	Days
			4	29
Sex	Color or Race	Occupation	Birth- place	
Married, Single or Widowed	white		Ridgely	
Name of Wife or Husband				
Father's Name	J.W. Grabil	Father's Birthplace	Penns.	
Mother's Maiden Name	Alice Stevenson	Mother's Birthplace	Maryland	
Name of person giving Information	J.W. Grabil	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diarrhoea

105

How long

30 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

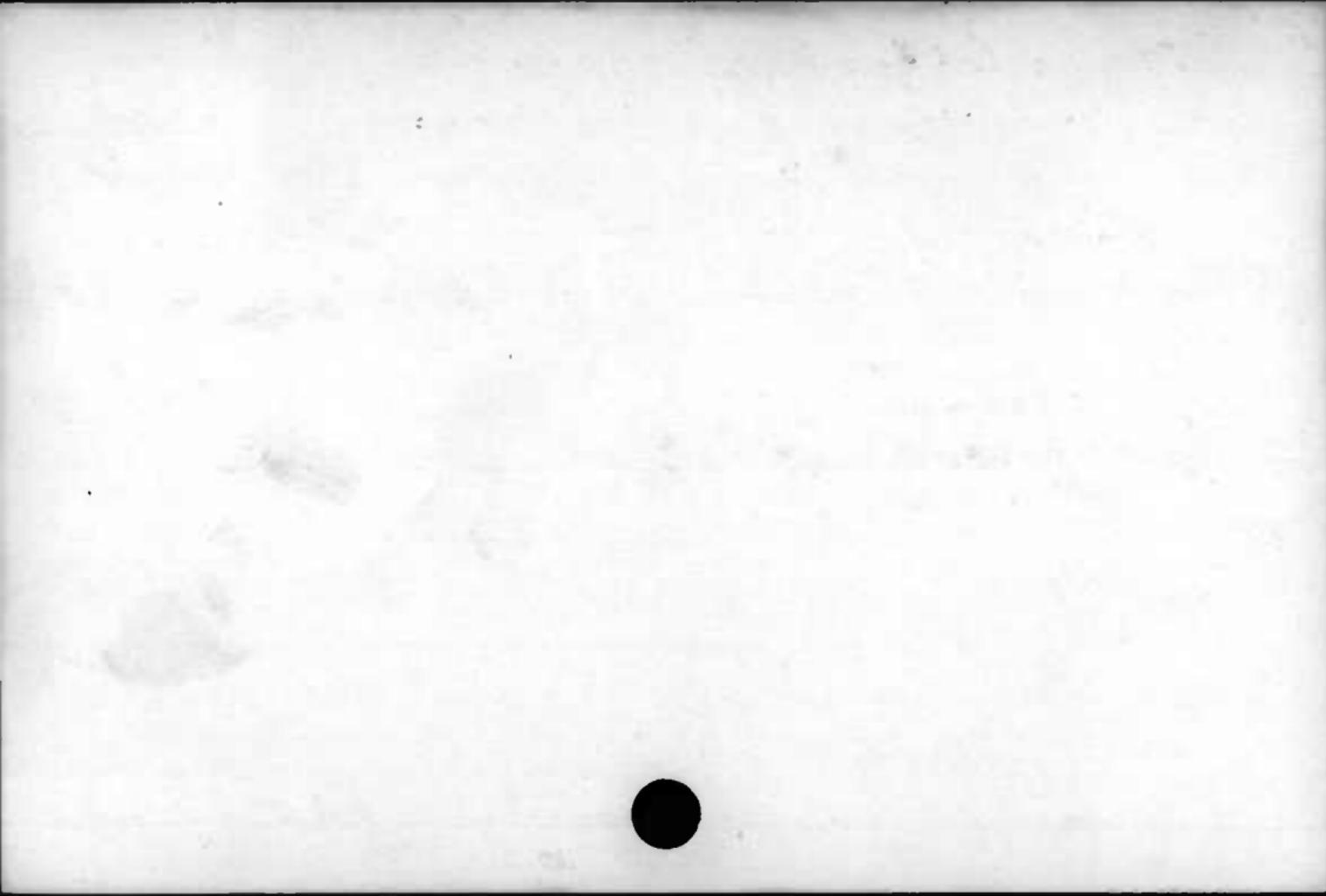
Signature of
Physician

Address

J. P. Harr

Ridgely Md.

Accident or Suicide?



Name
in
Full

Mary Adaline Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Ridgely	Caroline			
Date of death 1902	Month aug	Day 8	Years 3	Months 6	Days 29
Sex Female	Color or Race Colored	Occupation			
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Hays Hubbard	Father's Birthplace Caroline Co. Md.				
Mother's Maiden Name Augusta Pritchett	Mother's Birthplace " " "				
Name of person giving information Hays Hubbard	How related to deceased Father				

CAUSES OF DEATH

Primary	Whooping Cough	8	How long	7 weeks
Immediate	Pneumonia		How long	1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.C. Madara
Ridgely

Assent or Suicide?



Name in Full

Certificate of Death

Julia G. Forkumans

Town

County

Died at near

Guernsey

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John G. Forkumans

Mother's

Name

Martha E. Armstrong

Cause of

Primary

Phthisis Pulmonalis

How long sick

One year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

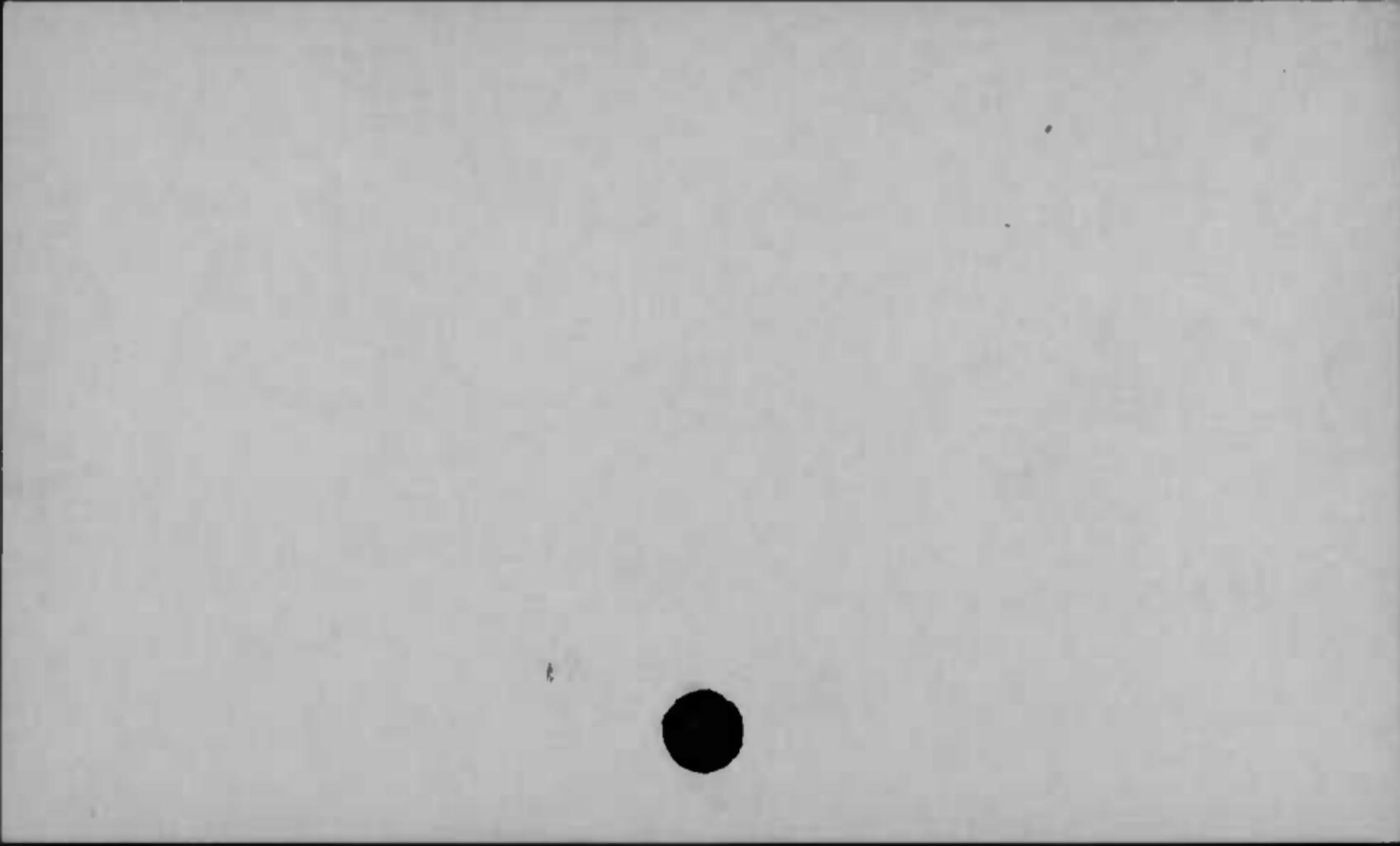
Reported by

Geo. W. Belton M. D.

Address

Guernsey - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles H Perry

CERTIFICATE OF DEATH					
MARYLAND					
Died at	Town	County			
Near Newton	Caroline				
Date of death 190	Month	Day	Age	Years	Months Days
2	Aug	30	83	11	26
Sex	Male	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed	Married	Occupation	Farmer		
Name of Wife or Husband	Ellen Perry				
Father's Name	Nathaniel Perry	Father's Birthplace	Douh Kuow		
Mother's Maiden Name	Douh Kuoy	Mother's Birthplace	Douh Kuow		
Name of person giving information	James E Perry	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asthma

79

How long

8 years

Immediate

Valvular Disease of Heart

one Month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

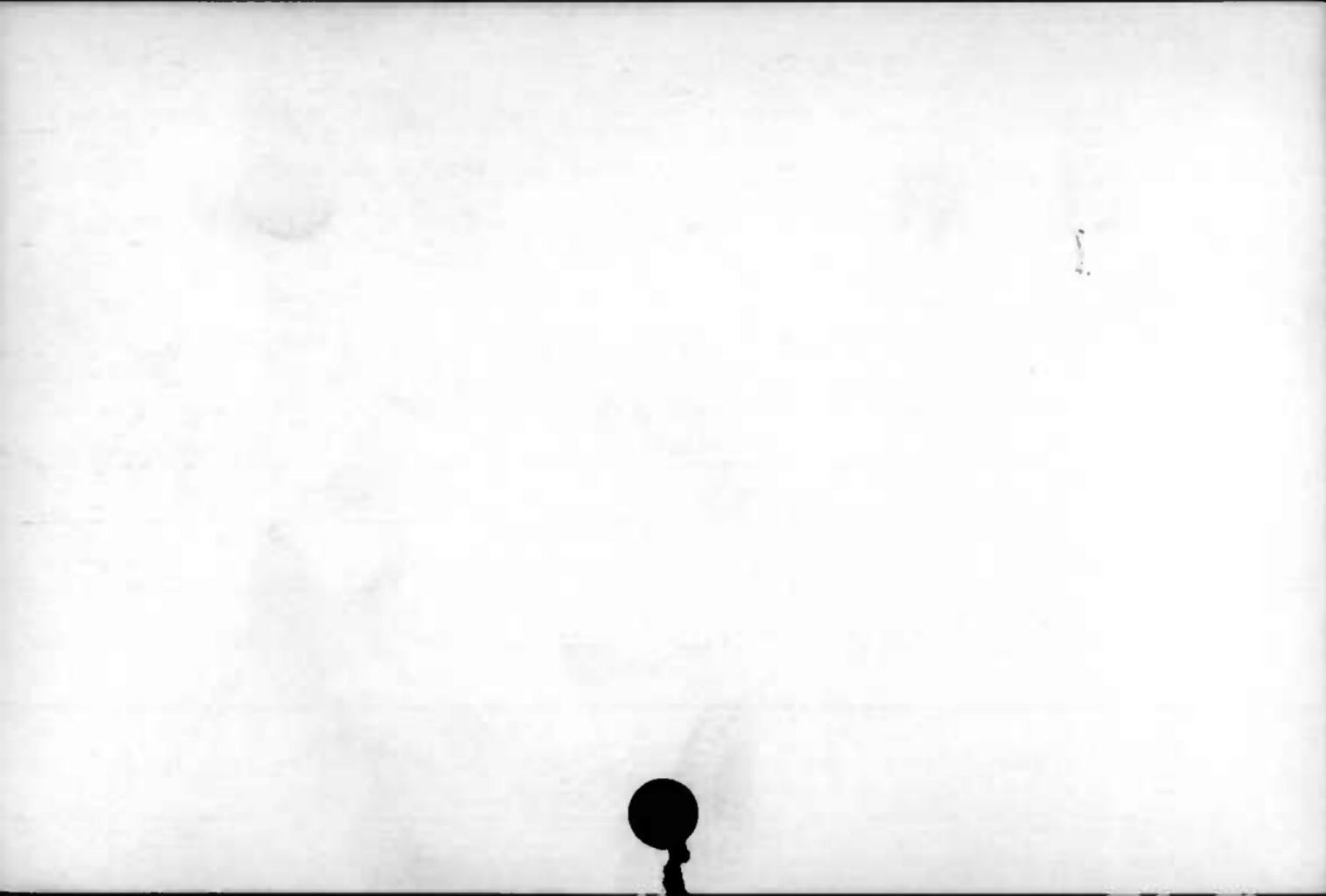
Address

J. L. Hobo

Prinston

MD,

Accident or Suicide?



Name
in
Full

Pedevac -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Aug	Day 22	Years 1 hour	Months -	Days -
Sex Female	Color or Race Colonial	Occupation	Birth-place	Death place Denber Md	
Married, Single or Widowed					
Name of Wife or Husband	Eliza Pedevac				
Father's Name	Dan J. Evans				
Mother's Maiden Name	Eliza				
Name of person giving information	Lucy Wilson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Strangulation	151	How long
Immediate	-		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Enoch George M.D.
		Address	Denber
Accident or Suicide?	no		Maryland



Name
in
Full

Mary Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Denton	Caroline				
Date of death	Month	Day	Years	Months	Days	
502	8	6	Age 24	-	-	
Sex	Color or Race	Occupation				
Female	Colored	Housewife				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	James Sharp		Father's Birthplace		MD	
Samuel Revelins		Mother's Birthplace		MD		
Mother's Maiden Name						
Name of person giving Information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Confinement	36	How long
Immediate	Angstion		How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. K. Nichols
Denton MD

Accident or Suicide? suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at *near Boston* *Spury*
County *Caroline*

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days
of death 1902 Aug. 13 — —

Sex *male* Color or Race *colored*

Birth-place *Boston*

Married, Single or Widowed *-*

Occupation

Name of Wife or Husband *-*

Father's Name *E. Garfield Spury*

Father's Birthplace *Md*

Mother's Maiden Name *Addie Dickerson*

Mother's Birthplace *Md*

Name of person giving Information *E. Garfield Spury*

How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Fell Down* How long *-*

Immediate *-* How long *-*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician
J. A. Hobart

Address
Boston

Accident or Suicide?



Name in Full

Certificate of Death

Colin Stokeley

Town	Near Henderson			County	<i>Baltimore</i>		MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902 Aug	31	Age 30				<i>Md</i>	<i>Farmer</i>
Male	White	Married		Widow	Divorced		
<u>Female</u>	<u>Colored</u>	<u>Single</u>		<u>Widower</u>		<u>Number of children living</u>	

Husband of

Wife

Father's

Name

Cause of

Primary

Immediate

Hanship Stokeley

Mother's

Maiden Name

Death

Consumption

How long sick

3 yrs

Reported by

Typhoid Fever

Accident, Suicide, Homicide

Address

*J. E. Graham M.D.
Inglewood Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Pearl Elizabeth Powers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ridgely	Caroline		9	17	Days
Date of death 1902	Month Aug	Day 7	Years —	Months	Days
Sex Female	Color or Race white	Occupation Infant	Birth-place Ridgely	man	
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Willard N. Powers			Father's Birthplace Talbot Co. Md.		
Mother's Maiden Name Mary Jewell			Mother's Birthplace Caroline Co. Md		
Name of person giving information Willard Powers			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Blentition	105	How long 2 weeks
Immediate	Eclampsia		How long 3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. C. MacLara	
		Address	Ridgely Md.
Accident or Suicide			

Newton

Name
in
Full

Found drowned did not know his name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Oxon Hill			County	
Died at				Maryland	
Date of death 1902	Month Aug.	Day 23	Age (about) 38	Years	Months Days
Sex Male	Color or Race Colored	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information	172				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning How long

Immediate Accidental How long

Are the name, age, sex, color, date and place correctly given above?

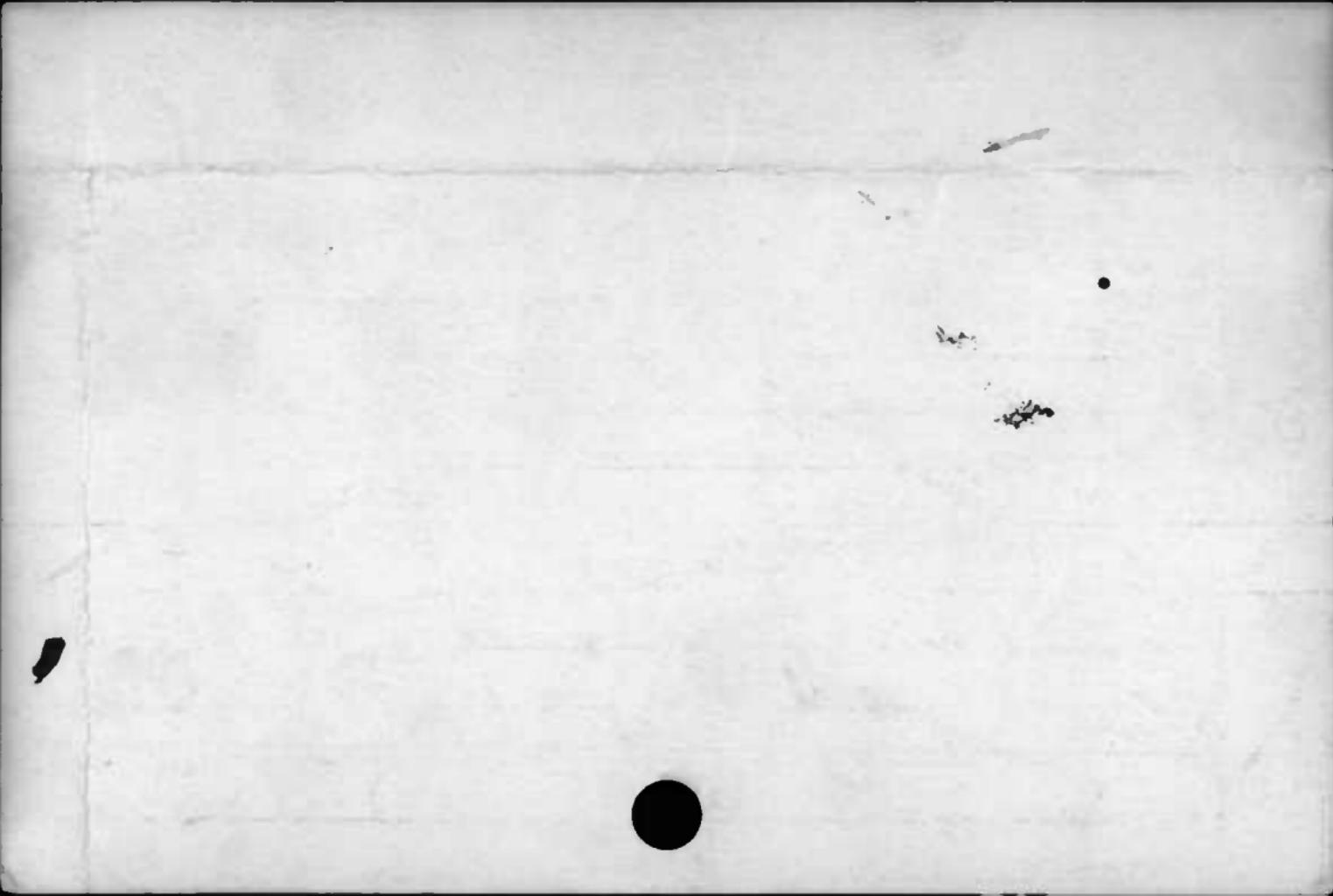
Signature of Physician

Address

accident

Accident or Suicide?

coroner
Bellafioro
J. V. Deungsass



Name in Full

Certificate of Death

Elizabeth Wheeler

Died at
Near Brulan

County

Caroline

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

This State

 Male White Married Widower Divorced Female Colored Single

Number of children living

6

Husband of

Wife

Father's Name

Cause of

Primary

Hypertension

How long sick

2 years

Death

Immediate

35

Accident, Suicide, Homicide

Reported by

J. D. Mansfield M.D.

Address

Dulan, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chapultepec

Wilhoetion

Town

County

Died at

Denton

Caroline

MARYLAND

Date 189
1912Month Day
8 6Y. M. D.
Age 12

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
WifeFather's
Name

Bay Wilhoetion

Mother's
Name

Honie Wilhoetion

Cause of

Primary

Strangulation

How long sick

Death

Immediate

100

Accident, Suicide, Homicide

Reported by

S. Kainell undertaker

Address

Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Handed by Dr. [redacted]
of [redacted]

Seen by Coroner [redacted]
of [redacted]